



HOWARD COUNTY DEPARTMENT OF POLICE

3410 Courthouse Drive, Ellicott City, MD 21043

On July 22, 2004, H.R. 218, also known as the “Law Enforcement Officers Safety Act of 2004,” was signed into law. The law allows qualified active and retired law enforcement officers to carry a concealed firearm nationwide. It is the intent of the Howard County Police Department to offer its retirees the opportunity to certify under the parameters of the law.

GUIDELINES FOR H.R. 218

The classroom portion of the training shall include, at a minimum:

1. Firearms Safety: While training, at home, storing and transporting in a vehicle, or on a person.
2. Firearms Care: Cleaning and maintenance.
3. Marksmanship Fundamentals.
4. Legal Issues: “You are not a Police Officer.”

The retirees need:

1. A functioning firearm (revolver or pistol) that holds at least five rounds, as the entire course is shot in five round increments.
2. A belt holster that allows the firearm to be drawn from the strong side (cross draws, waist bags, ankle holsters and the use of pants pockets will not be allowed, for safety reasons).
3. Sixty (60) rounds of ammunition suitable for the firearm (30 rounds for the daylight course of fire and 30 rounds for the reduced light course of fire).
4. HCPD will provide the necessary safety equipment.

Qualification:

A minimum score of 70% is required on both the written test and each qualification course of fire. The qualification shall be on an MPCTC approved course of fire, utilizing MPCTC approved targets.





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STANDARDS FOR HANDGUNS

All Handguns Must:

1. Be capable of firing five rounds without reloading.
2. Have all safety features originally in the firearm intact.
3. Have a full trigger guard.

Revolvers Must:

1. Have double action capability.
2. Have hammer block safety or transfer bar system that prevents firing unless the trigger is pulled fully to the rear.

Semi-Automatic Pistols Must:

Have a firing pin block or similar passive device that positively blocks the firing pin from forward travel unless the trigger is pulled fully to the rear.

Sights:

1. Must have open sights, fixed or adjustable.
2. No special optical, mirror, telescopic, or other sighting system other than would normally be found on a police service handgun.

Holsters:

1. Must be a conventional right or left-handed draw holster that attaches to the belt at the waist.
2. No inside-the-pants, shoulder, cross-draw, or “fanny-pack” type holsters.
3. Semi-automatic pistol holster must completely cover the trigger guard when the pistol is holstered.

NOTE: The Firearms Instructor is the final authority regarding the approval of a weapon and/or holster.



Allan H. Kittleman
County Executive



Gary L. Gardner
Chief of Police

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QUALIFIED SEPARATED LAW ENFORCEMENT OFFICER APPLICATION FOR CERTIFICATION TO CARRY A CONCEALED FIREARM

Name: _____

(First)

(Middle)

(Last)

Home Address: _____

(Street)

(City)

(State)

(Zip)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: ____/____/____ Sex: ____ Race: ____ Height: ____ Weight: ____

Eye Color: ____ Hair Color: ____ Social Security #: _____

Drivers License Soundex: _____ State: _____

Affidavit

Initial

____ I understand that in order to carry a concealed firearm as a qualified separated law enforcement officer in accordance with 18 U.S.C 926C, I must satisfy certain basic criteria. My satisfaction of the certification will be established based on my answers to these questions.

____ The Howard County Police Department issued me a photographic identification. Identification number, if available: _____

____ I am separated in good standing from the Howard County Police Department. Date: _____

____ I did **not** separate for reasons of mental instability.

____ I was authorized to engage in or supervise the prevention, detection, investigation or prosecution of, or the incarceration of any person for, any violation of law, and I had statutory powers of arrest.

____ Before my separation with Howard County Police Department, I was either (check one)

____ regularly employed as a police officer for ten (10) or more years aggregated, or

____ I separated from Howard County Police Department after completing probation due to service-connected disability as determined by the agency from which I separated

HCPD 6040 (Rev. 10/2016)

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- _____ I was not facing any disciplinary action(s) at the time of my separation.
- _____ I have a non-forfeitable right to benefits under my agency's retirement plan.
- _____ I am not under the influence of alcohol or another intoxicating or hallucinatory drug substance, and I will not carry a firearm while I'm under the influence of alcohol or another intoxicating or hallucinatory drug or substance.
- _____ I am not prohibited by state or federal law from receiving a firearm.
- _____ I understand that the definition of "firearm" does not include any machine gun, firearms silencer, or destructive device.
- _____ I understand that I must carry both the Howard County Police LEOSA Qualification Card and the HCPD Retired Officers Identification Card when I carry the concealed weapon.
- _____ I understand that my certification expires twelve (12) months from the issue date.
- _____ I understand that the Law Enforcement Officers Safety Act of 2004, 18 U.S.C 926C, does not give me the rights whatsoever to exercise law enforcement authority or take police action in any circumstances.
- _____ I have never been served with an ex-parte or protection order for domestic violence.
- _____ I have never been confined or committed to a mental institution or hospital for treatment or observation for a mental or psychiatric condition on a temporary or permanent basis.
- _____ I understand I may be permanently disqualified from the LEOSA program by intentionally omitting or falsifying information.

I do hereby declare and affirm under the penalty of perjury that the contents of this application are true and correct to the best of my knowledge, information, and belief, and I so indicate by signing below.

Applicant signature

Date

Please return (mail, fax, or email) the completed form to:
Howard County Police Department, Recruitment & Screening Section
3410 Court House Dr., Ellicott City, MD 21043
Fax: 410-313-2313
Email: LEOSA@howardcountymd.gov

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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Howard County Police Department, whether the said records are of public, private or confidential nature.

The intent of this Authorization is to give my consent for full and complete disclosure of the records as follows: Records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by me or against me, wherever located; and to include the records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest.

I reiterate and emphasize that the intent of this Authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a Background Investigation which may provide pertinent data for my suitability as a civilian/contractor/volunteer working within the Howard County Government. I understand that any information obtained by a personal history Background Investigation which is developed directly or indirectly, in whole or in part, upon this Release of Authorization, will be considered in determining my suitability as a civilian/contractor/volunteer employee.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this Release Form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Print Name: _____ **Signature:** _____ **Date:** _____

Address, City, State, ZIP: _____

Date of Birth: _____ **SSN#:** _____

Witness (Print Name & Signature): _____ / _____

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